

**Policy Statement for Free and Reduced Price Meals
Designation of Hearing, Reviewing and Verifying Officials**

Please complete the information below as it applies to your school food authority's Policy Statement for Free and Reduced Price Meals.

_____ designates as:
(Name of School Food Authority)

1. Hearing Official, _____ Name of Responsible Person
and/or _____ Title of Responsible Person(s)

This person shall ensure that all required provisions of the appeal process are followed as outlined in Section G (page 2 of the basic policy pages) of the Policy Statement.

The hearing official must be someone not involved in making the determination under appeal or any previous conference. It is recommended that the hearing official hold a position at a higher administrative level than the reviewing official(s). **The hearing official and the reviewing/verifying officials cannot be the same individuals.**

2. Reviewing Official, _____ Name of Responsible Person
and/or _____ Title of Responsible Person(s)

This person reviews applications and makes eligibility determinations. This official will use the criteria outlined in the policy to determine which individual children are eligible for free and reduced price meals.

3. Verifying Official, _____ Name of Responsible Person
and/or _____ Title of Responsible Person(s)

This person verifies the eligibility of applicant households in accordance with program regulations and maintains annual records as follows: (1) a summary of the verification efforts which includes the selection methods used; (2) the total number of applications on file by October 31; the percentage or number of applications verified.

4. Amendments: A blank copy of this attachment may be used to amend the policy statement if there ever is a need to change one or more of the above designated officials. Complete the following and forward a copy to the State Office for approval.

Please amend the policy statement as reflected above.

Signature of Authorized School Food Authority Representative/District Superintendent

Date

Approved by:

Signature of State Office of School Food Services and Nutrition Representative

Date